



Little Traverse Bay Bands of Odawa Indians  
ELECTION BOARD  
P.O. Box 160  
Conway, MI 49722

VOTER REGISTRATION FORM

**IMPORTANT NOTICE**

- Use this fillable form, then sign or print the form and fill it in by hand and sign.
- All information must be accurate and complete.
- **This Voter Registration Form must be signed by the Tribal Citizen.**
- Mail the signed form to the mailing address above or email the signed form to [ElectionBoard@LtbbElectionBoard.org](mailto:ElectionBoard@LtbbElectionBoard.org)
- The information and signature must be clear and legible.

**YOUR VOTER REGISTRATION FORM WILL NOT BE ACCEPTED IF THESE REQUIREMENTS ARE NOT MET**

**"PLEASE PRINT"**

\_\_\_\_\_  
TRIBAL ROLL NUMBER

\_\_\_\_\_  
EMAIL ADDRESS (optional)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
SUFFIX (SR., JR., ETC.)

\_\_\_\_\_  
MAIDEN OR PREVIOUS NAMES

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
SIGNATURE OF VOTER

\_\_\_\_\_  
DATE